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U. S. COST RETMBURSABLE (Department, bureau, or establishment)								PAID BY			
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		dress)	(City)	(	State)	<del></del>	•	·			
No. and Date of	Date of Delivery or Service	(Enter description	ARTICLES OR SERVIC n, item number of contra nd other information dee:	TICLES OR SERVICES em number of contract or Federal supply ther information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT		
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PAYMENT:  Complete											
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Shipped from		to .	Weight	Government	B/L No.			Total	661	4.60	
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Pursuant to autho	ority vested in me,	I certify that this acco	unt is correct and proper	for payment.							
† Approved for \$		I P P P P P P P P P P P P P P P P P P P		†		(Authoria	zed Certify	ing Officer)			
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	THE REVERSE OF T	HIS FORM MUST BE EXECUT	ED WHEN PURCHASES ARE MAD	E OR SERVICES SE	CURED WITH	OUT WRITTEN A	GREEMENT	IN ANY FORM			
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